

Commonwealth of Virginia
Department of General Services
Office of Fleet Management Services

Vehicle Request Form

Agency: _____ **Agency Code:** _____
Agency Address: _____
City: _____ **ST:** _____ **Zip:** _____

Type of Request (Check One)

New Assignment ☐
New Purchase ☐
Change of Class ☐

Change of Class Info (If appropriate)

Old Pool Number: _____
Old Class: _____
New Class: _____

Class of Vehicle Requested

Compact Car ☐
Midsize Car ☐
Full Size Car ☐
Pickup ☐
SUV ☐
Minivan ☐
Cargo Van ☐
Other ☐

For Request to Purchase

New
Used
Contract # _____
Estimated Cost \$ _____

Vehicle Assignment Details

Date Vehicle Needed (dd/mm/yyyy) _____ / _____ / _____
Projected Annual Business Miles _____

If you are requesting to purchase an agency-owned vehicle and your request is disapproved, does OFMS have your have permission to handle your request as a request for leasing a pool vehicle from OFMS?

Yes ☐ No ☐

If you are requesting to lease a pool vehicle from OFMS and your request is disapproved, does OFMS have your permission to handle your request as a request to purchase an agency-owned vehicle?

Yes ☐ No ☐

Please provide justification for any of the following that apply: (1) purchase of vehicle larger than compact; (2) if requesting a SUV, explain why a cargo van or 4X2 pickup will not meet the operational requirements; (3) if requesting a passenger van and your justification is based upon carrying materials, supplies, etc., explain why a cargo van or pickup will not meet your operational requirements; (4) or all 4X4 vehicles, explain the operational requirements that necessitate off road travel; (5) explain mission changes that necessitate having the requested vehicle; (6) reason for commuting:

Mileage Justification Data

How many personal reimbursement miles did your agency incur by not having this vehicle during the previous FY?

How many Enterprise rental miles did your agency incur by not having this vehicle during the previous FY?

If you are requesting an exemption to minimum mileage requirements for this vehicle indicate the reason.

- ☐ A. Vehicle used by sworn law enforcement office with duties consisting of the following:
- ☐ B. Vehicle used by employees whose duties relate to public safety and life threatening situations consisting of the following:
- ☐ C. Special needs vehicle necessary to perform the following critical functions of the agency.
- ☐ D. Vehicle needed due to the nature and type of specialized equipment necessary to perform critical functions of the agency.

Commuting Information

Will this vehicle be used for commuting? Yes ☐ No ☐

Agency head has designated employee's home as office or vehicle used for commuting

Address of home. _____

Work Location: _____

Home Address: _____

One way mileage (home to office): _____

Certifications

The below signature certifies that the information provided on this form is true to the best of your knowledge and that the vehicle being requested is the most cost effective that meets your mission requirements. Your signature further certifies that you are familiar with and will comply with state policies and procedures pertaining to the operation and financial responsibilities of a state vehicle. Changes to the information submitted on this form will sent to OFMS within 72 hours of the date of the change.

Agency Transportation Officer

Date

Agency/Department Head (or Designee)

Date

The job requirements of this employee make commuting the only cost-effective or practical alternative.

Agency/Department Head (or Designee)

Date

Send completed (signed) forms to OFMS: Fax to (804) 367 8987 or PDF to Gary.Johnson@dgs.virginia.gov

OFMS Use Only

Request for Vehicle Lease Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Request for Vehicle Purchase Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Minimum Mileage Exemption Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Commuter Fee Waived	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Commuter Fee to be Paid (Semi-Monthly)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Commuting Rate is same as current Personal Reimbursement Rate

Director, Office of Fleet Management Services

Date

The following vehicle is being issued as a result of this request.

Pool #

License #

Type